

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION
FORMAL COMPLAINT

Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, Illinois 62701

For Commission Use Only:

Case: 04-0649

ORIGINAL

Regarding a complaint by (Person making the complaint):

SUSIE SIMMONS

Against (Utility name):

PEOPLES GAS/ENERGY Comp.

As to (Reason for complaint)

A RESTORAL OF GAS SERVICE

in CHICAGO, Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is

9534 So. Paxton Av.

The service address that I am complaining about is

7708 So. Union St

My home telephone is

(773) 375-6292

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at

(773) 375-6292

(Full name of utility company) PEOPLES GAS/ENERGY Co. (respondent) is a public utility and is subject to the provisions of the Illinois Public Utilities Act.

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.

200.100

200.850

Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?

☒ Yes ☐ No

Has your complaint filed with that office been closed?

☒ Yes ☒ No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

1. The Peoples Gas Co., alleges that we have used gas illegally from April, 2003 to April 2004. The gas was disconnected in March, 2004.
2. Peoples Gas created a new account for this building (house) and generated a bill for over \$2700.00. The bill on the old account number was paid in full Dec. 30, 2003.
3. I want to present bills and receipts showing the bills being paid thru-out the year 2003, and explain to the gas company what I think happened.

Please clearly state what you want the Commission to do in this case.

We seek to have our gas service reconnected with determined payment for estimated service from January 2, 2004 thru March, 2004 date of disconnection. We also agree to pay the bill in an orderly regular manner.

Date: Sept. 9, 2004
(Month, day, year)

Complainant's Signature Lucie Simmons

Barbara Allen
(mother)

If an attorney will represent you, please give the attorney's name, address, and telephone number.

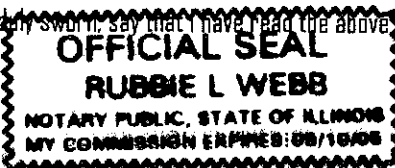
You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).

VERIFICATION

A notary public must witness the completion of this part of the form.

I, BARBARA ALLEN, first being duly sworn, say that I have read the above petition and know what it says.
The contents of this petition are true to the best of my knowledge.

(Signature) Barbara Allen



Subscribed and sworn/affirmed to before me on (month, day, year) Sept 30, 2004

Rubie L. Webb
Notary Public, Illinois

NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.